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STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 **COMMITTEE** (in full) over the lines. is changed) BRINGING LEADERSHIP BACK, PAC ADDRESS (number and street) (Check if address is changed) 150,7,0,4 CITY STATE ZIP CODE **COMMITTEE'S E-MAIL ADDRESS** LBLBRAC & PCMSIIG. Com. COMMITTEE'S WEB PAGE ADDRESS (URL) **COMMITTEE'S FAX NUMBER** 1240-13321-161041 DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 12/2007) Toll Free 800-424-9530 Only

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